



**CITY OF MIAMI GARDENS  
CODE COMPLIANCE DIVISION**  
**Application for Local Business  
Tax Receipt**

This application must be filled out in its entirety and have all required documentation attached. It must be submitted with the required \$11.00 application fee. Incomplete applications will not be accepted and will result in processing delays. No Business Tax Receipt will be issued until the applicant has complied with all applicable city, county and state laws. The City of Miami Gardens does not issue nor accept applications for street vending/street peddlers/or street solicitation of any kind. Pursuant to Chapter 205 "Not-For-Profit" Organizations are exempt from paying a license fee. However, exempt organizations must comply with all other applicable rules and regulations as prescribed in the City of Miami Gardens Code of Ordinances.

**NOTE: Application and tax fees are non-refundable.**

Pursuant to the City of Miami Gardens Code of Ordinances, I hereby make application for

☐ New License    ☐ Location Transfer    ☐ Other Changes (*specify*) \_\_\_\_\_

If Location Transfer (must be from previous City of Miami Gardens location)

From \_\_\_\_\_ To \_\_\_\_\_

**SECTION #1 Applicant and Business Information**

Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Relationship of Applicant to the Business \_\_\_\_\_

Name of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Location of Business \_\_\_\_\_ Business Fax \_\_\_\_\_

Name of Owner/Manager \_\_\_\_\_ Title \_\_\_\_\_

Address of Owner/Manager \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S.# or FEI # \_\_\_\_\_ Email \_\_\_\_\_

Corporate Information (*Check one*)    ☐ Individual    ☐ Partnership    ☐ Corporation    (List Partners or Corporate Officer Below)

NAME	DATE OF BIRTH	ADDRESS	PHONE
	/ /		
	/ /		

**SECTION #2 Type of Business** (*Check one*)

☐ Retail    ☐ Wholesale    ☐ Service    ☐ Professional    ☐ Restaurant    ☐ Other

(If other, please **specify**) \_\_\_\_\_

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### SECTION #3 License Tax Determination

The following information is required in order to determine your license fee. All information requested must be completed. (If an item does not pertain to your business, please answer N/A).

Type of Business, described in detail \_\_\_\_\_

If Business is **Adult entertainment** please describe \_\_\_\_\_

Is Business an **Agent (agency)**? (Check one) ☐ Yes ☐ No If yes, what type (i.e., Real Estate, Insurance, Talent, Travel, etc.) \_\_\_\_\_  
Number of Salespersons Employed \_\_\_\_\_

Is Business a **Physician's office**? (Check one) ☐ Yes ☐ No Number of Physicians in the office \_\_\_\_\_

Is Business a **Moving Company**? (Check one) ☐ Yes ☐ No Number of Trucks \_\_\_\_\_

Is Business a **Courier Service**? (Check one) ☐ Yes ☐ No Number of Vehicles \_\_\_\_\_

Is Business a **Cosmetology Salon**? (Check one) ☐ Yes ☐ No Number of Chairs \_\_\_\_\_ Number of Cosmetologists \_\_\_\_\_

Is Business a **Building Contractor**? (Check one) ☐ Yes ☐ No Type(s)/Category(s) \_\_\_\_\_

Is Business a **Building Sub-Contractor**? (Check one) ☐ Yes ☐ No Sub-type(s)/Sub-category(s) \_\_\_\_\_

Is Business an **Apartment Rental/Motel/Lodging House/Hotel**? (Check one) ☐ Yes ☐ No If yes, how many units \_\_\_\_\_

Does business provide **Auto's for hire**? (Check one) ☐ Yes ☐ No If yes, how many autos will be used \_\_\_\_\_

Are there **Automatic coin operated games** on premises? (Check one) ☐ Yes ☐ No If yes, how many \_\_\_\_\_

Is Business **coin operated games distributor**? (Check one) ☐ Yes ☐ No If yes, please attach a list of machine locations and number of machines at each location.

Are there **automatic coin operated laundry machines** on premises? (Circle one) Yes No If yes, give total number of Washers \_\_\_\_\_ coin amount \$ \_\_\_\_\_ and Dryers \_\_\_\_\_ coin amount \$ \_\_\_\_\_

Is Business **automatic coin operated laundry machine distributor**? (Check one) ☐ Yes ☐ No  
If yes, please attach a list of machine locations and number of machines at each location.

**Automatic coin operated merchandise or service vending machines on premises?** (Check one) ☐ Yes ☐ No

Is Business a **Restaurant, Cafeteria, or similar establishment**? (Check one) ☐ Yes ☐ No  
If yes, how many seats? \_\_\_\_\_. Please attach a copy of the license issued by the Florida Department of Business Regulations Division of Hotels and Restaurants. (Business License will not be issued unless Restaurant License is attached)

Will business sell **Alcoholic Beverages**? (Check one) ☐ Yes ☐ No  
If yes, please attach a copy of the Alcoholic Beverage License issued by the State of Florida Department of Business Regulation, Division of Alcoholic Beverages & Tobacco (Business License will not be issued unless State License is attached)

Will Business sell **Beer and Wine only**, for consumption on premises? (Check one) ☐ Yes ☐ No

Will Business sell **Beer, Wine and Liquor** for consumption on premises? (Check one) ☐ Yes ☐ No

Will Business sell **Beer and Wine only**, for consumption off premises? (Check one) ☐ Yes ☐ No

Will Business sell **Beer, Wine and Liquor** for consumption off premises? (Check one) ☐ Yes ☐ No

Please note *If the proposed business will require an Alcoholic Beverage "On Premises" consumption license of any kind, there are important City Zoning Regulations which may affect your ability to obtain such a license.*

Any proposed change of use which may increase effluent flows in the city's sewer system will require written authorization from the Miami-Dade County Department of Environmental Resource Management (DERM) prior to the issuance of either a City of Miami Gardens Business license or certificate of use and occupancy. Applicants should contact DERM directly at (786) 315-2800.

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## SECTION #4 Merchants Annual Average Inventory

I/we/ the Corporation attest to the following:

N/A

☐ The business is a retail business which is in the business of selling goods, jewelry or merchandise on a **Retail** basis.

☐ The business is a wholesale business which is in the business of selling goods, jewelry or merchandise on a **Wholesale** basis.

The following is a report of the figure(s) for the above described business of the annual average cost of value of its inventory during the past fiscal year

Annual Average cost value of Retail inventory      \$ \_\_\_\_\_

Annual Average cost value of Whole inventory      \$ \_\_\_\_\_

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## SECTION #5 Home Based Business

In any instance where a residential unit is used to conduct a home business a home use license shall be required. No home use business license issued pursuant to the City Ordinance shall be transferable, assignable or otherwise alienable.

A home office shall be permitted in all residential zoning districts, subject to the following limitations (please initial the following):

1. The area of the dwelling unit devoted to a home office shall not exceed ten (10) percent of the total gross living are of the dwelling unit, including garages.
2. The home office shall not be conducted in any accessory building or other structure detached from the residence.
3. The home office use must be conducted by a member of the family residing in the dwelling unit, and no person shall be employed at any time in connection with the home office use who is not a member of the family residing in the dwelling unit.
4. No sign relating to the home office may be posted or displayed on the site and no vehicle with any sign displaying the home office use or home office residential address, which might serve to indicate that the dwelling unit is being used for a home office, may be located on the site.
5. No person or customer shall be serviced in person on the site nor shall the home office use be conducted in any way which would necessitate suppliers or customers visiting the site.
6. There shall be no display, manufacturing, storing, distribution or repair of any type of merchandise on the premises.
7. The use of the home office address shall be only for the purpose of receiving mail and not for any advertising purpose, nor shall the home office address be included in any phone directory listing.
8. No commercial vehicles shall be kept on the premises or parked overnight on the premises unless otherwise permitted by these regulations.

\_\_\_\_\_Initials

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**SECTION #6 Fictitious Name Registration**

1. Effective October 1, 1994, section 205.023, Florida Statutes, is created to read: Requirement to report status of fictitious name registration:  
As a prerequisite to receiving a local Business Tax Receipt under this chapter or transferring a business license under s.205.033(2) or 205.043(2), the applicant or new owner must present to the county or municipality that has jurisdiction to the issue or transfer the license either
- (a) A copy of the applicant's or new owner's current fictitious name registration, issued by the Division of Corporations of the Department of State; or
  - (b) A written statement, signed by the applicant or new owner, which sets forth the reason that the applicant or new owner need not comply with the Fictitious Name Act.
2. Subsection (14) is added to section 865.09, Florida Statutes, to read:  
(14) PROHIBITION.—A fictitious name registered as provided in this section may not contain the words "Corporation" or "Incorporated," or the abbreviations "Corp." or "Inc.," unless the person or business for which the name is registered is incorporated or has obtained a certificate of authority to transact business in this state pursuant to chapter 607 or chapter 617.

However, a business incorporated under chapter 607 or 617 is not required to register the corporate name pursuant to this section unless the name that the corporation intends to conduct business under differs from the corporation's name as stated in its articles of incorporation.

I/we attest to one of the following *(Check one)*

- ☐ That as of this date of Business Tax Receipt application, I/we will not be using a fictitious name as a sole proprietor, or as a DBA (Doing Business As) under corporate name.
- ☐ That as of this date of Business Tax Receipt application, I/we will be using a fictitious name (attach copies of required documents). \_\_\_\_\_Initials

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**SECTION #7 Affidavit of Applicant**

The undersigned has carefully reviewed this application and all information contained herein has been freely and voluntarily provided. All facts, figures and statements contained herein are true, correct and complete to the best of my knowledge and belief. The applicant also acknowledges and understands that the issuance of a City Business Tax Receipt is contingent upon a zoning compliance inspection and in conjunction with the issuance of a Certificate of Use and Occupancy. Failure to comply with the City's Ordinances may result in revocation of said Business Tax Receipt.

Name of Owner or Officer \_\_\_\_\_ Title \_\_\_\_\_  
PRINT PRINT

Officer or Director \_\_\_\_\_  
SIGNATURE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ State of \_\_\_\_\_ Stamp/Seal of Notary  
SIGNATURE OF NOTARY PUBLIC

Personally Known ☐ Identification \_\_\_\_\_